

FORM B1		United States Bankruptcy Court WESTERN District of MISSOURI				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): <b>KYLE, JOSEPH EDWARD</b>				Name of Joint Debtor (Spouse)(Last, First, Middle): <b>KYLE, ANDREA LYNN</b>			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): <b>fka Cast Glance</b>				All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): <b>NONE</b>			
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>2963</b>				Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>8668</b>			
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1101 E. Sycamore Ozark MO 65721</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>1101 E. Sycamore Ozark MO 65721</b>			
County of Residence or of the Principal Place of Business: <b>Christian</b>				County of Residence or of the Principal Place of Business: <b>Christian</b>			
Mailing Address of Debtor (if different from street address): <b>SAME</b>				Mailing Address of Joint Debtor (if different from street address): <b>SAME</b>			
Location of Principal Assets of Business Debtor (If different from street address above): <b>NOT APPLICABLE</b>							
Information Regarding the Debtor (Check the Applicable Boxes)							
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.							
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank				Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13			
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business				Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.			
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)							
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors 1-15      16-49      50-99      100-199      200-999      1000-over <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Estimated Assets \$0 to \$50,000      \$50,001 to \$100,000      \$100,001 to \$500,000      \$500,001 to \$1 million      \$1,000,001 to \$10 million      \$10,000,001 to \$50 million      \$50,000,001 to \$100 million      More than \$100 million <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Estimated Debts \$0 to \$50,000      \$50,001 to \$100,000      \$100,001 to \$500,000      \$500,001 to \$1 million      \$1,000,001 to \$10 million      \$10,000,001 to \$50 million      \$50,000,001 to \$100 million      More than \$100 million <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

**JOSEPH EDWARD KYLE and  
ANDREA LYNN KYLE****Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location Where Filed:

**NONE**

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)**

Name of Debtor:

**NONE**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ JOSEPH EDWARD KYLE**

Signature of Debtor

**X /s/ ANDREA LYNN KYLE**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**9/7/2005**

Date

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

**X /s/ Shari K. DeArmon****9/7/2005**

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

☐ Yes, and exhibit C is attached and made a part of this petition.  
☒ No**Signature of Attorney****X /s/ Shari K. DeArmon**

Signature of Attorney for Debtor(s)

**Shari K. DeArmon 36321**

Printed Name of Attorney for Debtor(s)

**Groce & DeArmon, PC**

Firm Name

**1705 N. Jefferson**

Address

**Springfield MO 65803****(417) 862-3706**

Telephone Number

**9/7/2005**

Date

**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

**X**

Signature of Bankruptcy Petition Preparer

Date

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF MISSOURI**

In re *JOSEPH EDWARD KYLE*  
*fka Cast Glance*  
*and*  
*ANDREA LYNN KYLE*

Case No.  
Chapter 13

/ Debtor

Attorney for Debtor: *Shari K. DeArmon*

**DESIGNATION OF AGENT**

COME(S) NOW the Debtor(s) herein, JOSEPH EDWARD KYLE and ANDREA LYNN KYLE and designate(s) the law firm of Groce & DeArmon, PC to act as debtor's agent and attorneys and receive all legal documents in the course of this Chapter 13 Bankruptcy proceeding filed in the United States Bankruptcy Court for the WESTERN District of MISSOURI.

Dated: \_\_\_\_\_

/s/ JOSEPH EDWARD KYLE

*JOSEPH EDWARD KYLE, Debtor*

/s/ ANDREA LYNN KYLE

*ANDREA LYNN KYLE, Joint Debtor*

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI**

In re **JOSEPH EDWARD KYLE**  
**aka Cast Glance**  
**and**  
**ANDREA LYNN KYLE**

Case No.  
Chapter 13

\_\_\_\_\_/ Debtor  
Attorney for Debtor: **Shari K. DeArmon**

**STATEMENT PURSUANT TO RULE 2016(B)**

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
  - a) For legal services rendered or to be rendered in contemplation of and in connection with this case . . . . . \$ 2,540.00
  - b) Prior to the filing of this statement, debtor(s) have paid . . . . . \$ 432.50
  - c) The unpaid balance due and payable is . . . . . \$ 2,107.50
3. \$ 194.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
**None other**
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
**None other**
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
**None**
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:  
**None**

Dated: **9/7/2005**

Respectfully submitted,

X/s/ Shari K. DeArmon  
Attorney for Petitioner: **Shari K. DeArmon**  
**Groce & DeArmon, PC**  
**1705 N. Jefferson**  
**Springfield MO 65803**

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI**

In re *JOSEPH EDWARD KYLE*  
*fka Cast Glance*  
*and*  
*ANDREA LYNN KYLE*

Case No.  
Chapter *13*

\_\_\_\_\_/ Debtor

Attorney for Debtor: *Shari K. DeArmon*

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: *9/7/2005*

*/s/ JOSEPH EDWARD KYLE*

Debtor

*/s/ ANDREA LYNN KYLE*

Joint Debtor

AFLAC  
1932 Wynnton Road  
Columbus GA 31999

Alltel  
P O Box 8015  
Little Rock AR 72203-8015

Anderson Financial  
P O Box 3427  
Bloomington IL 61702

Card Processing Center  
P O Box 105635  
Atlanta GA 30348

Centurytel  
P O Box 6000  
Marion LA 71260-6000

Chase Automotive Finance  
P O Box 901008  
Fort Worth TX 76101

Citgo  
P O Box 6003  
Hagerstown MD 21747

Citifinancial  
P O Box 222178  
Charlotte NC 28222

Crites Richard  
Attorney at Law  
2045 S Glenstone  
Springfield MO 65804

Cynthia Hyde  
901 St Louis Street  
Suite 500  
Sprinfield MO 65806

DFAS DE/FYDC  
6760 E Irvington  
Denver CO 80279

Discover Financial services  
P O Box 15316  
Wilmington DE 19850

Fed Ex  
P O Box 94515  
Palatine IL 60094-4515

Fingerhut  
16 McLeland Road  
St Cloud MN 56303

First Select  
P O Box 24206  
Louisville KY 40224-0206

Garcia Gwendelyn M  
13335 W 88th Circle F  
Lenexa KS 66215-4041

General Counsel's Office  
P O Box 475  
Jefferson City MO 65105-0100

Global Protection & Security  
145 Country Side Lane  
Ozark MO 65721

Internal Revenue Service  
Collection Division Stop 530  
P O Box 66778  
St Louis MO 63166

Jefferson Bank of Missouri  
P O Box 600  
Jefferson City MO 65102

Jefferson Capital  
16 McLeland Road  
St Cloud MN 56303

Lerner  
P O Box 182125  
Columbus OH 43218-2125

Liberty Bank  
1414 Primrose Street  
Springfield MO 65804-4290

Metro Credit Union  
447 S Campbell  
Springfield MO 65806

Missouri Department of Revenue  
Taxation and Collection  
P O Box 100 Mail Stop 2002  
Jefferson City MO 65105-0100

Mohela  
14528 S Outer Forty Road  
Suite 300  
Chesterfield MO 63017

NCO Financial Systems  
P O Box 41466  
Philadelphia PA 19101-1466

Newport News  
P O Box 9204  
Old Bethpage NY 11804

Office of U S Attorney  
400 E 9th Street Suite 500  
Kansas City MO 64106-2605

Small Business Administration  
501 Lucas Place  
323 West 8th Street  
Kansas City MO 64105

St John's Clinic  
620 S Glenstone Avenue  
Springfield MO 65802

St John's Hospital  
1235 E Cherokee  
Springfield MO 65804

Swiss Colony  
1112 7th Avenue  
Monroe WI 53566

Through the Country Door  
1112 7th Avenue  
Monroe WI 53566-1364

Wells Fargo Financial  
2724 S Glenstone  
Springfield MO 65804